

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street)

1800 M Street, NW

Ste 375N

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
07 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stephanie Schriock

Signature of Treasurer

Stephanie Schriock

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		393008.56
(b) Cash on Hand at Beginning of Reporting Period.....	187562.81	
(c) Total Receipts (from Line 19)	2502303.00	4479525.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2689865.81	4872534.17
7. Total Disbursements (from Line 31)	875666.84	3058335.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1814198.97	1814198.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2449600.00

3744650.00

(ii) Unitemized

2703.00

84875.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2452303.00

3829525.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

50000.00

350000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

2502303.00

4179525.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

300000.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2502303.00

4479525.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2502303.00

4479525.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	182359.34	845736.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	182359.34	845736.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	693307.50	2152598.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	875666.84	3058335.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	875666.84	3058335.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2502303.00	4179525.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2502303.00	4179525.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	182359.34	845736.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	182359.34	845736.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Zelda Conklin

Mailing Address 505 Spangler St. NW

City State Zip Code
 Orting WA 98360

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 18 2014

Transaction ID : 4061264

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lynn Epstein

Mailing Address 3 N Main St

City State Zip Code
 East Hampton NY 11937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halsteap Property

Occupation

R.E.BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2014

Transaction ID : 4068163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patsy Rogers

Mailing Address P.O. Box 616

City State Zip Code
 New Suffolk NY 11956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Composer,Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 30 2014

Transaction ID : 4076071

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Madeleine Wachter

Mailing Address 3148 E. Table Mountain Rd.

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : 4055912

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Irene Fischer-Davidson

Mailing Address 1733 NW 25th Ave.

City State Zip Code
Portland OR 97210

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2014

Transaction ID : 4049346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eileen Silvergleid

Mailing Address 2717 Mountain Laurel Lane

City State Zip Code
Austin TX 78703

FEC ID number of contributing federal political committee.

C

Name of Employer

Ceb

Occupation

Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : 4052288

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Mary Culnan

Mailing Address 3711 39th St NW

City
Washington

State Zip Code
DC 20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : 4054621

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Barbara Balser

Mailing Address 3475 Lenox Road, NE #970
Ph-1807

City
Atlanta

State Zip Code
GA 30326

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2014

Transaction ID : 4046901

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Scott Shenker

Mailing Address 66 Southamptn Avenue

City
Berkeley

State Zip Code
CA 94707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Icsi

Occupation

Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : 4071175

Amount of Each Receipt this Period

200000.00

SUBTOTAL of Receipts This Page (optional)..... ►

202250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Michael Bloomberg

Mailing Address 17 E 79th Street

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloomberg LP

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

07 / 02 / 2014

Transaction ID : 4047338

Amount of Each Receipt this Period

2000000.00

Full Name (Last, First, Middle Initial)

B. Kalik and Associates Inc

Mailing Address 10291 Arizona Circle

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalik and Associates Inc

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 15 / 2014

Transaction ID : 4058473

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. United Association Plumbers & Pipefitters

Mailing Address Three Park Place

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245000.00

Date of Receipt

07 / 21 / 2014

Transaction ID : 4062385

Amount of Each Receipt this Period

245000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2245100.00

TOTAL This Period (last page this line number only)..... ►

2449600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. LPAC

Mailing Address 409 7th St NW Ste 350

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : 4042751

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

50000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. CatalystMailing Address 1090 Vermont Ave, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Publication & Dues

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 02 2014**Transaction ID : SB21B-498**

Amount of Each Disbursement this Period

8287.50

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 02 2014**Transaction ID : SB21B-524**

Amount of Each Disbursement this Period

81.25

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 03 2014**Transaction ID : SB21B-525**

Amount of Each Disbursement this Period

4612.93

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12981.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!



10000.00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

MM / DD / YYYY

22134.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

21700.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

53834.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. America VotesMailing Address 1155 Connecticut Ave NW
Ste 600

City Washington State DC Zip Code 20036

Purpose of Disbursement
Publication & Dues

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 17 2014**Transaction ID : SB21B-505**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B. BlueLabsMailing Address 700 14th Street NW
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 17 2014**Transaction ID : SB21B-506**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C. Campaign Team, Inc. c/o Anna Lidman

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

Purpose of Disbursement
Consulting Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 17 2014**Transaction ID : SB21B-507**

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 29

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Blackbaud Merchant Services

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 22 2014
Transaction ID : SB21B-526

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

B. Anzalone Liszt Grove Research, Inc.Mailing Address 260 Commerce Street
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 24 2014
Transaction ID : SB21B-512

Amount of Each Disbursement this Period

9700.00

Full Name (Last, First, Middle Initial)

C. Anzalone Liszt Grove Research, Inc.Mailing Address 260 Commerce Street
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014
Transaction ID : SB21B-517

Amount of Each Disbursement this Period

28000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37702.86

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

A. Moxie Media

Date of Disbursement

Transaction ID : SB21B-518

Category/
Type

Amount of Each Disbursement this Period

30340.80

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

30340.80

TOTAL This Period (last page this line number only).....

182359.34

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 29
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00473918 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address PO Box 30084		Amount 16723.40	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6208 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mailhouse		Category/Type	
Name of Federal Candidate Brenda Lawrence		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address PO Box 30084		Amount 14972.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6209 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mailhouse		Category/Type	
Name of Federal Candidate Brenda Lawrence		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31695.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014
Mailing Address PO Box 30084		Amount 14027.68
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6210 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Brenda Lawrence		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		257842.48

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address PO Box 30084		Amount 14481.36
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6211 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Hansen Clarke		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		257842.48

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28509.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 21 / 2014</div>		
Mailing Address PO Box 30084			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14481.36</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6212
Purpose of Expenditure Mailhouse		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 17 / 2014</div>	
Name of Federal Candidate Hansen Clarke			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">257842.48</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Blueprint Interactive			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 22 / 2014</div>		
Mailing Address 1155 Connecticut Avenue, NW Ste 601			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24315.00</div>		
City Washington		State DC	Zip Code 20036		Transaction ID : SE-6213
Purpose of Expenditure Online Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 24 / 2014</div>	
Name of Federal Candidate Hansen Clarke			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">257842.48</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">38796.36</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Caroline Fines</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 20 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1155 Connecticut Avenue, NW Ste 601		Amount 1500.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-6214
Purpose of Expenditure Online Ad Design	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1155 Connecticut Avenue, NW Ste 601		Amount 4000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-6215
Purpose of Expenditure Website Design	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Caroline Fines</i>		Date MM / DD / YYYY 08 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 29
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00473918 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address PO Box 30084		Amount 14019.92	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6216 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mailhouse		Category/ Type	
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address PO Box 30084		Amount 13755.02	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6217 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mailhouse		Category/ Type	
Name of Federal Candidate Brenda Lawrence		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27774.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 29
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address PO Box 30084		Amount 1528.34	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6218
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address PO Box 30084		Amount 54889.91	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6219
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Colleen Wakako Hanabusa		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56418.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 20 / 2014

Signature

Full Name of Payee Adelstein Liston		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 222 West Ontario Street Ste 600		Amount 10750.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6232
Purpose of Expenditure Media Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Colleen Wakako Hanabusa	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: HI
Calendar Year-To-Date Per Election for Office Sought	385493.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	237426.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address PO Box 30084		Amount 13755.02		
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6220	
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Brenda Lawrence		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address PO Box 30084		Amount 1528.34		
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6221	
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15283.36		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Caroline Fines		[Electronically Filed]		Date MM / DD / YYYY 08 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address PO Box 30084		Amount 17441.04
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6222 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Donna Mercado Kim		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 49971.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The New Media Firm		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address 1730 Rhode Island Avenue, NW Ste 213		Amount 51585.14
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Radio Buy	Category/Type	Transaction ID : SE-6223 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Brenda Lawrence		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 257842.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69026.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
07 / 28 / 2014

Signature

Full Name of Payee The New Media Firm		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1730 Rhode Island Avenue, NW Ste 213		Amount 1876.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-6225 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Radio Production		Category/ Type	
Name of Federal Candidate Brenda Lawrence		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 14 State: MI
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27283.61
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 1730 Rhode Island Avenue, NW Ste 213			Amount 924.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-6226 Date of Disbursement or Obligation 07 / 28 / 2014	
Purpose of Expenditure Radio Production		Category/ Type 		
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address PO Box 30084			Amount 14481.36	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6227 Date of Disbursement or Obligation 07 / 31 / 2014	
Purpose of Expenditure Mailhouse		Category/ Type 		
Name of Federal Candidate Hansen Clarke		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		257842.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15405.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Signature

Date

08 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address PO Box 30084		Amount 46257.69
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6228 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Colleen Wakako Hanabusa		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		385493.90

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address PO Box 30084		Amount 14480.93
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6229 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Brenda Lawrence		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		257842.48

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60738.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2014</div>		
Mailing Address PO Box 30084			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16265.04</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6230
Purpose of Expenditure Mailhouse		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2014</div>	
Name of Federal Candidate Donna Mercado Kim			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49971.12</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 01 / 2014</div>		
Mailing Address PO Box 30084			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46920.30</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6233
Purpose of Expenditure Mailhouse		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 25 / 2014</div>	
Name of Federal Candidate Colleen Wakako Hanabusa			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">385493.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">63185.34</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Caroline Fines			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 20 / 2014</div>

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014	
Mailing Address PO Box 30084		Amount 16265.04	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6234
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Donna Mercado Kim	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 01 State: HI
Calendar Year-To-Date Per Election for Office Sought	49971.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16265.04
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	693307.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature